

United States District Court  
For the District of Delaware



Acknowledgement of Service Form  
For Service By Return Receipt

Civil Action No. 07cv514SLR

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:  <i>Correctional Medical Svc. 1201 College Park Drive, Suite 101 Dover, DE 19904</i></p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature  <i>Margaret Slack</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Margaret Slack</i> C. Date of Delivery <i>9-17-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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2. Article Number  
*(Transfer from service label)*

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540